

SATURDAY, SEPTEMBER 19, 7:30 AM

VETERAN'S MEMORIAL

★ 5K WALK & RUN ★



- ★ **LOCATION:** Race starts and ends at Holdrege's South Park and stretches through Lake Seldom
- ★ **FEE:** Ages 15 and older — \$30 Ages 14 and younger — \$15
T-shirt included for all participants
- ★ **REGISTER:** By Sept. 9 at runsignup.com
or send registration form on back of flyer

Race in partnership with the day-long Veteran's Memorial Fundraiser.
Proceeds will be shared with the new Holdrege Veteran's Memorial.
American flags awarded to top men's and women's finishers.



DON SJOGREN COMMUNITY YMCA

1415 Broadway ★ Holdrege ★ 308.995.4050 ★ www.ymcaoftheprairie.org

VETERAN'S MEMORIAL 5K - Register by SEPT. 9

You may register by completing the form below and mailing it with the appropriate fees to: DON SJOGREN COMMUNITY YMCA, PO Box 618, Holdrege, NE, 68949. Please make checks payable to the Don Sjogren Community YMCA.

Or, you may register online at itsyourrace.com.

REGISTER BY WEDNESDAY, SEPT. 9, to be guaranteed a T-shirt.

Participant Name _____ Gender M F Birth date ___/___/___ Age _____

Address _____ City _____ ST _____ ZIP _____

Cell Phone Number _____ Allow Texting? Y or N E-mail _____

FEE: \$30 Ages 15 and older _____ \$15 Ages 14 and younger _____

Shirt size (please circle): YS YM YL AS AM AL AXL AXXL

WAIVER & SIGNATURE:

All participants must read and sign. Please read carefully before signing acknowledgment, waiver and release from liability. I ASSUME THE RISKS OF PARTICIPATION IN the YMCA of the PRAIRIE Veteran's Memorial 5K. I certify that I am physically fit, have sufficiently trained for this event and have not been advised otherwise by a qualified medical person. My signature acknowledges that I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns: (a) I agree to abide by the rules of the competition (b) I waive, release, and discharge from any and all claims or liabilities for death, personal injury, property damages of any kind that may arise out of or be related to my participation in or my traveling to and from this event, the following persons or entities: YMCA of the Prairie and its employees, event sponsors, race directors, event producers, volunteers, all states, cities, counties or localities in which the event segments are held, and the officers, directors, employees, representatives, agents, and family members of any of the above for any of the claims or liabilities that I have waived, released or discharged herein; and (d) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during the event. My signature also grants permission for my likeness to appear in promotional material. I HEREBY AFFIRM THAT I AM NINETEEN (19) YEARS OF AGE or OLDER, I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS.

NO RAIN DATE - RAIN OR SHINE. NO REFUNDS.

Print Name _____ Date _____ Signature _____

Signature (for people under 19, a parent or guardian must sign).

Print Name _____ Date _____ Signature _____

Please direct any questions to Tasha Manahan at the DON SJOGREN COMMUNITY YMCA at (308) 995-4050.

You may duplicate this form for multiple registrations or download extra copies at www.ymcaoftheprairie.org.